

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M62816 (7)
1. Corporation Name
ROCO ENTERPRISES OF NORTH AMERICA, INC.



Principal Place of Business
1221 BRICKELL AVENUE
STE 1040
MIAMI FL 33131
US

Mailing Address
1221 BRICKELL AVENUE
STE 1040
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1221 BRICKELL AVE
Suite, Apt. #, etc.
22 Ste 1470
City & State
23 Miami, FL
Zip
24 33131
Country
25 U.S.

2a. Mailing Address
26 1221 BRICKELL AVE
Suite, Apt. #, etc.
27 Ste 1470
City & State
28 Miami, FL
Zip
29 33131
Country
30 U.S.

3. Date Incorporated or Qualified
11/20/1987

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOME, LILIAN
1221 BRICKELL AVE.
STE. 1040
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CANTUARIA, ANA LUCIA
82 Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVENUE
83 SUITE 1470
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
	CAPARICA, PAULO	AV. BRIG. FARIA LIMA, 2100	SAO PAULO, SP BRAZIL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

4/24/98 (305) 332 0844

CR2E034 (10/97)